| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 | | | | | | | | | 7=0 | PAR, |
|--|---------------|-----------------------------|------------------|------|----------------|------------------------|----|---------------------|------------------------|------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | SMA | | | OR | OTHER SMALL | | |
| TOTAL CLAIMS | 10 | | | R/ | TE | FEE | | RATE | FEE | |
| FOR | NUMBER FILED | NUMB | ER EXTRA | BAS | C FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | /D minus 20= | • | 0 | X | 8 = | | OR | X\$ 18= | | |
| INDEPENDENT CLAIMS | 2 minus 3 = 0 | | 2 | X | 10= | | OR | X80= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | +1 | 35= | | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | TO | TAL | | OR | TOTAL | 410. | 00 |
| CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3) | | | | | ALL | ENTITY | OR | OTHER SMALL | | 9 |
| CLAIMS REMADRING | | BER OUSLY | PRESENT EXTRA | R | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AFTER AMENDMENT Total • 1 | Minus | 3 0 | -/` | XI | 9= | | OЯ | X\$18= | | 1 |
| Independent • | Minus | 3_ | | . X4 | 10 = | | OR | X80= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | 35= | | OR | +270= | | - |
| 12104 | | | | ADDI | OTAL FEE | | OR | TOTAL ADDIT, FEE | | 1 |
| (Column 1) | | mn 2) | (Column 3) | | | | | | | |
| CLAIMS REMAINING AFTER AMENDMENT Total • LC | ARUA PREVI | HEST BER OUSLY FOR | PRESENT EXTRA | R/ | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total · Le | Minus | 70 | - / | XS | 9= | | OR | X\$18= | | |
| Independent • 45 | Minus 1 | | ·2 | X4 | O- | | OR | X80= | 2 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | 35= | | OR | +270= | | |
| 10/0/05 | . Coh | O\ | (Cab 2) | ADDI | OTAL T. FEE | | OR | TOTAL ADDIT. FEE | Pa | |
| CLAIMS REMAINING | BARRIES PEG | mn 2) IEST BER | (Column 3) | | | ADDI- | ı | | ADDI- | |
| | PREV | OUSLY | EXTRA | RA | TE | TIONAL FEE | | RATE | TIONAL FEE | |
| Total · / Ø | Minus | 20 | • | XS | 9- | , , , | OR | X\$18≈ | | 1 |
| Total AMENDMENT Total Independent J | Minus ••• | \mathcal{I}_{-} | a | X4 | 0= | | OR | X80= | | 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | 35= | | OR | +270= | | 1 |
| * If the entry in column 1 is less than the entry in column 2, write "O' in column 3. | | | | | OTAL | | OR | TOTAL | | 1 |
| "If the "Highest Number Proviously Peid For" IN THIS SPACE is tess than 20, enter "20." ADDIT, FEE | | | | | | | | | | |
| 20010 200 000 | | | | | | | | | | • |

FORM PTO-675

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